

Case Number:	CM15-0015542		
Date Assigned:	02/04/2015	Date of Injury:	09/04/2014
Decision Date:	05/15/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36-year-old female who reported an injury on 09/04/2014. The mechanism of injury was reported as, while walking on campus, the injured worker placed her foot down wrong and felt immediate pain. Her diagnosis was noted as closed fracture, pain in limb. During the assessment on 12/23/2014, the injured worker returned for a followup for her injury to her left 3rd toe. She reported still having some complications with the painful left 3rd toe, and was not getting much better. The physical examination revealed continued pain to palpation of the left 3rd toe, which showed some minimal swelling. There was mild pain with ambulation. Her neurovascular status was adequate. The recent CT scan of the toe performed on 11/18/2014 revealed an expansile osteolytic lesion in the mid proximal aspect of the 3rd proximal phalangeal bone that had general benign characteristics, but does contain central calcified material. It also revealed that the lesion resembled a benign process, but consideration should include an enchondroma or osteoid osteoma. There was a transverse nondisplaced pathological fracture extending through this lesion. The treatment plan included discussing possible surgical interventions for the left 3rd toe. The rationale for the request was not specified. A Request for Authorization form was dated 12/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pneumatic Aircast walking boot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Walking Aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The request for pneumatic Aircast walking boot is not medically necessary. The Official Disability Guidelines recommend walking aids for patients with conditions caused by impaired ambulation, where there is potential for ambulation with these devices. The clinical documentation indicated that the injured worker had mild pain with ambulation; however, there was no indication that the patient was in need of a walking aid to assist with ambulation. Given the above, the request is not medically necessary.

Bilateral Orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic Devices.

Decision rationale: The request for bilateral orthotics is not medically necessary. The Official Disability Guidelines recommend orthotic devices for plantar fasciitis or for foot pain in rheumatoid arthritis. Both fabricated and custom orthotic devices are recommended for plantar heel pain. The clinical documentation did not indicate that the injured worker was diagnosed with plantar fasciitis or experienced foot pain brought on by rheumatoid arthritis. The rationale for the requested bilateral orthotics was not provided. As such, the request is not medically necessary.

Casting Supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Casting (immobilization).

Decision rationale: The request for casting supplies is not medically necessary. The Official Disability Guidelines do not recommend casting and immobilization in the absence of a clearly unstable joint. However, the rationale for the requested casting supplies was not provided.

There was no indication that the provider found it medically necessary to place an immobilizing device the left 3rd toe. As such, the request is not medically necessary.

Casting: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Casting (immobilization).

Decision rationale: The request for casting is not medically necessary. The Official Disability Guidelines do not recommend casting and immobilization in the absence of a clearly unstable joint. However, the rationale for the requested casting was not provided. There was no indication that the provider found it medically necessary to place an immobilizing device the left 3rd toe. As such, the request is not medically necessary.

Range of Motion (ROM): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility.

Decision rationale: The request for range of motion is not medically necessary. The Official Disability Guidelines do not recommend flexibility as a primary criterion, but should be part of a routine musculoskeletal evaluation. The most recent physical examination did not indicate that the provider attempted range of motion testing of the left 3rd toe. The physical examination indicated that the left 3rd toe had some minimal swelling, but did not provide any details in regard to range of motion. As such, the request is not medically necessary.